



FEES DOUBLE IF WORK IS PERFORMED WITHOUT PERMIT BEING ISSUED

City of Fulshear

PH: 281-346-1796 FAX: 281-346-2556 -- P.O. Box 279/30603 FM 1093 Fulshear, TX 77441

APPLICATION FOR A COMMERCIAL BUILDING PERMIT

Date of Application: _____

Application for the Construction of: _____

New Construction: _____ **Remodel:** _____ **Intended Use of Building:** _____

Street Address of Site: _____

Legal Property Owner: _____

Owner's Address/City/State/Zip: _____

Owner's Phone Number: _____

Contractor's Name: _____

Address/City/State/Zip: _____

Phone Number: _____ **Email Address:** _____

TDLR # _____ **Square Footage** _____

Mark Where Applicable: Building: _____ Driveway: _____ Parking Lot: _____ Other: _____

City Water: Yes: _____ No: _____ **City Sewer:** Yes: _____ No: _____

TOTAL CONSTRUCTION COST: \$ _____

(Includes cost of foundation, plumbing, electrical, driveway/culverts, parking lots, painting, A/C and heating insulations)

NOTE: USE INTERNATIONAL CODE COUNCIL VALUATION DATA FOUND AT www.lccsafe.org

Building Permit Fee \$ _____

Inspections \$ _____

Total \$ _____

This application must be accompanied by the required documents listed on the attached Schedule A.

This application is non-transferable and expires in 180 days.

I HEREBY ACCEPT ALL THE ABOVE CONDITIONS AND CERTIFY THAT ALL STATEMENTS HEREIN RECORDED BY ME ARE TRUE.

Original Signature of Contractor

Print Name

Date